## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

2300

SEP 0 2 2003

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Ly re Patent Application of:

Thimmappa SHIVANANDAPPA et al.

Appl. No.: 10/107,806

Flied: March 28, 2002

For: COMPOUND AS

CHOLINESTERASE INHIBITOR AND ITS ISOLATION FROM FUNGUS

SPOROTRICHUM SPECIES

Art Unit: 1625

Examiner: Hector M. Reyes

Confirmation No.: 1587

Customer No.:

26694

Atty. Docket No.: 39562-179776

## Response to Notice to File Corrected Application Papers

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

ATTN: Rori Burch 2231 Crystal Drive Suite 918 Arlington, VA 22202

Sir:

In response to the Notice to File Corrected Application Papers dated May 30, 2003, submitted herewith are the following:

X Certificate showing the full name of the third inventor; and

X Copy of Notice to File Corrected Application Papers dated August 6, 2003.

It is believed that no extension of time or other fee is required in connection with this submission. However, if any fees are due, please charge our Deposit Account No. 22-0261 and advise us accordingly.

Date: 5/2/03

Respectfully submitted,

Ann S. Hobbs

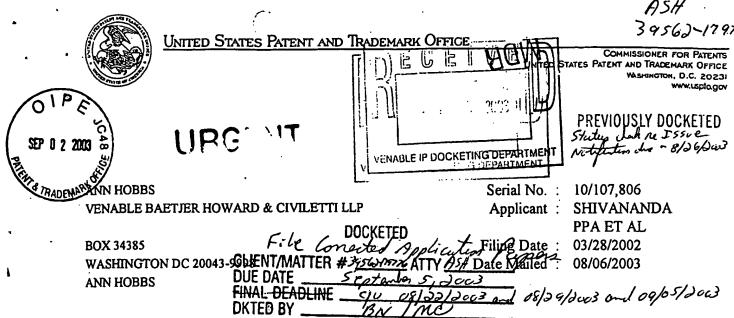
Registration No. 36,830

**VENABLE** 

P.O. Box 34385

Washington, D.C. 20043-9998 Telephone: (202) 962-4800

Telefax: (202) 962-8300



## NOTICE TO FILE CORRECTED APPLICATION PAPERS

## Notice of Allowance Mailed

This application has been accorded an Allowance Date and is being prepared for issuance. The application, however, is incomplete for the reasons below.

Applicant is given 30 days from the mail date of this Notice within which to correct the informalities indicated below. A failure to reply will result in the application being ABANDONED. This period for reply is NOT extendable under 37 CFR 1.136 (a) or (b).

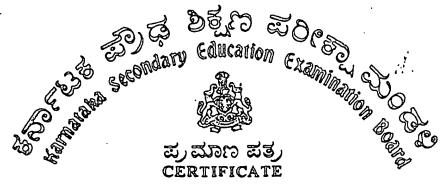
FULL NAME OF THIRD INVENTOR IS REQUIRED.

APPLICANT MUST SUPPLY NEEDED DATA WITHIN 30 DAYS OF THE MAIL DATE OF THIS NOTICE.

A copy of this notice MUST be returned with the reply. Please address response to "Rori Burch 2231 CRYSTAL DRIVE SUITE 918 ARLINGTON, VA 22202"

**Data Query** 

Phone 703-305-8391 Fax 703-308-6642



ಈ ಕೆಳಗೆ ನಮಾದಿಸಿದ ಅಭ್ಯರ್ಥಿಯು ಎಸ್.ಎಸ್.ಎಲ್.ಸಿ. ಪರೀಕ್ಷೆಯಲ್ಲಿ ಕೆಳಗಿನ ವಿವರಗಳೊಂದಿಗೆ ತೇರ್ಗಡೆಯಾಗಿದ್ದಾನೆ/ ದ್ಯಾಳಿ ಎಂದು ಪ್ರಮಾಣೀಕರಿಸಲಾಗಿದೆ.

This is to certify that the candidate mentioned below has PASSED S.S.L.C. Examination with following details. WITH ENGLISH MEDIUM

ನೋಂದಣಿ ಸಂಖ್ಯ 310840 Register No.

ತಿಂಗಳು/ವರ್ಷ APR-1989 Month/Year.

ಹಸರು Name

SHEREEN

Father's Name

ತಂದೆಯ ಹೆಸರು. D/O SYED AMEERUL HUQ

ಜನ್ಮ ದಿನಾಂಕ Date of birth

31/05/73

SEVENTYTHREE in words.

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ಪಡೆದ ಅಂಕಗಳು (ಅಕ್ಷರಗಳಲ್ಲಿ)

TOTAL (in words)

THREE HUNDRED AND NINETY SIX ONLY To Poi "Shaws Bei

ಬೆಂಗಳೂರು BANGALORE

ದಿನಾಂಕ 10/05/89 DATED

JOSO SHEPHERO COMPEGA HEHAS EHRODE O கூதித்த சில்ஸ் கூகர்: Signature of the Head of the Handton with the School Scal ಕಾರ್ಯದರ್ಶಿಗಳು

ಕರ್ನಾಟಕ ಪ್ರೌಧಶಿಕ್ಷಣ ಪರೀಕ್ತಾ ಮಂಡಳಿ:

Secretary

ndary Education Examination Board

Shueen amos

Received by me on

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Signature of the Candidate